



Safer Automatic Wheelchair Wheel Locks

Phone (800) 890 5113 ext. 215 • Fax (601) 353 0411 • saferlock@att.net • www.saferwheelchairs.com

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ Date: _____	Wheelchair Make: _____ Model/Model Number: _____ Serial Number: _____ Print and complete with as much information as possible regarding your current wheelchair. Once done, please email or fax back to Safer Locks
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Seat Depth	Seat Width				
	16"	18"	20"	22"	24"
16"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seat to Floor Height (inches)	
15.5	<input type="checkbox"/>
16.5	<input type="checkbox"/>
17.5	<input type="checkbox"/>
18.5	<input type="checkbox"/>
19.5	<input type="checkbox"/>

Seat to Top of Back (inches)	
16	<input type="checkbox"/>
17	<input type="checkbox"/>
18	<input type="checkbox"/>
19	<input type="checkbox"/>
20	<input type="checkbox"/>

Armrest Style	
Desk Arms	<input type="checkbox"/>
Full Arms	<input type="checkbox"/>
Flip Back	<input type="checkbox"/>
Detachable	<input type="checkbox"/>
Height Adj.	<input type="checkbox"/>

Legrest	
Swing Away	<input type="checkbox"/>
Elevating	<input type="checkbox"/>
Articulating	<input type="checkbox"/>
Heel Loops	<input type="checkbox"/>

Accessories	
Anti-Tippers	<input type="checkbox"/>
Seat Cushion	<input type="checkbox"/>
Back Cushion	<input type="checkbox"/>
Tank Holder	<input type="checkbox"/>